

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	1-29	10 7616	10/22/00
O.I.P.E. CLASSIFIER		3325	05/18/01
FORMALITY REVIEW	PT	5-29	
RESPONSE FORMALITY REVIEW	1-29		11/26/01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1 ✓ ✓ ✓ 12	8/7/5/03
2 ✓ ✓ ✓ 13	11/10/03
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4 ✓ ✓ ✓ 15	
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15 ✓ 0 26	
16 ✓ ✓ = 27	
17 ✓ J = 28	
18 ✓ ✓ = 29	
19 ✓ C = 30	
20 ✓ E = 31	
21 ✓ Q = 32	
22 ✓ J = 33	
23 ✓ J = 34	
24 ✓ J = 35	
25 ✓ J = 36	
26 ✓ 0 = 37	
27 ✓ J = 38	
28 ✓ E = 39	
29 ✓ C = 40	
30 ✓ C = 41	
31 ✓ J = 42	
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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